

State law requires any student diagnosed with a life-threatening health condition to have a medication or treatment order in place with the school, prior to that student being allowed to attend. (RCW 28A.210.320)

Prior to the beginning of every school year, the school nurse should review the health history forms submitted by parents and update any information regarding the student's life-threatening condition. In addition to having medication or treatment orders in place, a nursing care plan, and staff training should also be completed prior to attending school.

Schools are a high-risk setting for students with life-threatening health conditions due to an increased exposure to triggers for these life-threatening conditions. For student safety and to reduce district and personal liability, the district must ensure these medication and treatment orders are in place.

For more information, go to: [RCW 28A. 210.320 OSPI Rules-Nichole Klein.pdf](#)



WASHINGTON SCHOOLS
RISK MANAGEMENT POOL

RCW 28A.210.320

Children with life-threatening health conditions-Medication or treatment orders-Rules.

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**RCW 28A.210.320****Children with life-threatening health conditions—Medication or treatment orders—Rules.**

(1) The attendance of every child at every public school in the state shall be conditioned upon the presentation before or on each child's first day of attendance at a particular school of a medication or treatment order **addressing any life-threatening health condition** that the child has that may require medical services to be performed at the school. Once such an order has been presented, the child shall be allowed to attend school.

(2) The chief administrator of every public school shall prohibit the further presence at the school for any and all purposes of each child for whom a medication or treatment order has not been provided in accordance with this section if the child has a life-threatening health condition that may require medical services to be performed at the school and shall continue to prohibit the child's presence until such order has been provided. The exclusion of a child from a school shall be accomplished in accordance with rules of the state board of education. Before excluding a child, each school shall provide written notice to the parents or legal guardians of each child or to the adults in loco parentis to each child, who is not in compliance with the requirements of this section. The notice shall include, but not be limited to, the following: (a) The requirements established by this section; (b) the fact that the child will be prohibited from further attendance at the school unless this section is complied with; and (c) such procedural due process rights as are established pursuant to this section.

(3) The superintendent of public instruction in consultation with the state board of health shall adopt rules under chapter [34.05](#) RCW that establish the procedural and substantive due process requirements governing the exclusion of children from public schools under this section. The rules shall include any requirements under applicable federal laws.

(4) As used in this section, "life-threatening condition" means a health condition that will put the child in danger of death during the school day if a medication or treatment order and a nursing plan are not in place.

(5) As used in this section, "medication or treatment order" means the authority a registered nurse obtains under RCW [18.79.260](#)(2).

In the school setting, registered nurses (R.N.s) are responsible for developing, implementing, and managing student emergency care plans. This includes the delegation, training, and supervision of student medication administration by non-licensed staff.

Any student diagnosed with a life-threatening allergy must have an emergency care plan (ECP). Most often the ECP is incorporated into a more comprehensive individual health plan (IHP). An ECP may be separate or a part of the IHP. The ECP/IHP may also be the 504 plan. In accordance with RCW 28A.210.320, the plans must be completed prior to the student attending school. Care plans are



developed by the school nurse in collaboration with the family and a team of professionals, addressing the school's overall responsibilities for the provision of a safe school environment. The ECP/IHP is distributed to school staff having contact with the student. The school nurse trains and supervises school staff regarding their responsibilities and care under the guidance of the written care plan(s).

Prior to the beginning of every school year, the school nurse should review the health history forms submitted by parents and obtain any updated information regarding life-threatening allergies. The school nurse may request written permission from the parents to communicate with the student's Licensed Health Care Provider (*LHCP) if needed.

State law requires all students with life-threatening health conditions to have medication or treatment orders, a nursing care plan, and staff training completed prior to attending school.

Using the Coordinated School Health (CSH) model helps in planning for students with life-threatening allergies. Many schools and districts have adopted the CSH model in an effort to ensure coordination and collaboration occurs in schools at all levels for the greatest impact.

ANAPHYLAXIS

Some allergens such as food, medication, insect stings, and latex can trigger a severe, systemic allergic reaction called anaphylaxis. **Anaphylaxis is a life-threatening allergic reaction** that may involve systems of the entire body. Anaphylaxis is a medical emergency requiring immediate medical treatment and follow up care by an allergist/immunologist. **Deaths have occurred in schools because of delays in recognizing and responding to symptoms with immediate treatment and further medical interventions.**

It is important to obtain a thorough health history to determine if another health condition could potentially put the child at increased risk of a life-threatening allergy. If the student is also asthmatic, the reaction may be more life-threatening and require earlier and more aggressive management based on LHCP orders. Initial anaphylaxis symptoms may occur and be mistaken for asthma or "an upset stomach" including vomiting and abdominal pain. The mistaken reaction may delay necessary treatment.

Risk reduction

Prevention is the most important method to manage anaphylaxis. Avoidance of exposure to the allergen is the best way to prevent a reaction. Each school district must consider how to implement districtwide preventative measures. See Section 3 for a list of risk reduction strategies.

Most (but not all) anaphylactic reactions in school are caused by accidental exposure to food allergens. **Schools are a high-risk setting due to the large number of students and staff, increased exposure to the offending allergen, and cross-contamination.** Schools should, however, strive to maximize inclusiveness to the greatest extent possible without sacrificing safety.



No student with an allergy should be left in the care of untrained staff.

Areas or activities requiring special attention:

- Cafeteria
- Substitute or Guest Teacher
- Food Sharing
- Activities
 - Hidden ingredients in art, science, and other projects.
 - Bus transportation or other modes of transportation.
 - Fund raisers/bake sales.
 - Parties and holiday celebrations.
 - Field trips.
 - Before and after-school hours, school-sponsored events, and after-school programs.
 - Staff being unaware of the student with an allergy – all staff, including substitutes.

Trainings

- All School Staff Training
 - Life-threatening allergy awareness training for all school staff should occur each school year.
- Student Specific Training
 - The school nurse conducts student specific training for staff responsible for implementing the student's ECP

Special attention is needed to ensure trained school staff accompanies the student on field trips. Protocols must be in place to ensure substitute teachers are informed of the student's life-threatening allergy, the location of the ECP, and duties associated with implementing the ECP.

ECP training occurs annually before the start of the school year and/or before the student attends school for the first time. **It is essential to ensuring the child's safety while at school to secure LHCP orders, develop the ECP, and train designated school staff prior to the child attending school.**

There is a natural reluctance to wait to administer epinephrine until symptoms worsen and you are sure the student is experiencing an anaphylactic reaction. There is the same reluctance to call 911. Many fatalities occur because the epinephrine was not administered in a timely manner. Practicing implementation of the ECP can be the most effective strategy to overcome the tendency to delay and to decrease the likelihood of a student fatality.



ROLES AND RESPONSIBILITIES

School Administrators

Designate time for annual staff training on life-threatening allergies prior to the beginning of school addressing: o Risk reduction procedures such as increasing all school allergy awareness, hand washing before and after eating, and encouraging non-food/non-latex or safer celebrations, school projects, and fundraising efforts.

- Provide safe environments, both physically and emotionally.
- Ensure all known students with life-threatening allergies have a complete ECP in place prior to school attendance.
- Support staff, parents, students, and communities in the care of student's with life-threatening allergies.
- Provide for systems to have ECPs, emergency equipment, and communication devices for all school activities involving students with life-threatening allergies.
- Ensure staff is cleaning surfaces and areas per district policies and procedures for allergen-safe zones.
- Ensure parents are informed if any student experiences an allergic reaction at school.
- Ensure protocols are in place for training any substitute staff that may have responsibility for a student with a life-threatening allergy including teachers, school nurses, nutrition services, recess and/or lunch aides, bus driver, and other specialists.
 - Include any responsibilities expected of these individuals to implement specific IHP/ECP or school-specific food allergy policies. Contingency plans must be in place if a substitute cannot be trained to handle an allergy emergency.
- Ensure all staff responsible for the student have ECP training, epinephrine training, and emergency procedures training.
- Post a list of Cardio Pulmonary Resuscitation (CPR) certified staff in the building and a system for communicating with them and eliciting an immediate response in emergencies.
- Ensure trained staff are on the bus to assist students in the event of an anaphylactic emergency and to implement the ECP.
- Initiate and participate in debriefing and planning for the student's re-entry to school after an anaphylactic reaction.
- Ensure after-hours users of the school building are informed of and following all restrictions and rules impacting the use of common spaces and individual classrooms.
- Communicate risk reduction strategies and/or school allergy policies to the Parent Teacher Association (PTA) or other organizations working with students and/or using the school building on a regular basis.

School Nurse

- Meet with the student and parent, prior to school entry and/or prior to each school year, to develop a current and complete ECP/IHP in coordination with the student's LHCP. • Present a general districtwide training for all district staff and "departments" involved in the care of the student during any school-sponsored activity



- **Training needs to occur annually and/or before the start of the school year and/or before the student attends school for the first time. Systems for substitutes in schools need to be addressed.**

Classroom Teachers/Specialists/Para-Professionals/Coaches/After-School Staff

- **The classroom is the most common area students in school are reported to experience an allergic reaction.**
- Identify students with life-threatening allergies and understand symptoms and emergency care plans for the students.
- Have an accessible, but confidentially placed, copy of the ECP and emergency medications.
- Never send a student who is feeling ill and has had a known allergen exposure to the school office or health room alone.
- Ensure student confidentiality and privacy as appropriate per law.

Parents of Students with Life-Threatening Allergies

- Notify the school of the student's life-threatening allergy before the student attends school as required by law.
- Collaborate with the school nurse to notify school staff and others caring for your child if he/she has a life-threatening health condition and an IHP/ECP has been developed.
- Review school district policies and procedures with your child as appropriate.
- Keep all emergency contact information current including phone numbers and addresses
- **Parents need to secure updated LHCP orders each school year and to notify the school nurse of any changes in the student's condition or LHCP's orders during the school year. A diet order must be completed by a licensed physician for nutrition services to accommodate a life-threatening allergy.**

SPECIAL CONSIDERATIONS

Accommodations

Under Section 504 of the Rehabilitation Act of 1973, students with life-threatening allergies must be provided environmental accommodations and emergency school health services they need to safely attend school. It is possible a Section 504 accommodation plan would not be required for a student with an allergy or intolerance not considered a life-threatening condition. If the student is determined to be eligible for services under Section 504, then the district's Section 504 procedures should be followed. The IHP and/or the ECP may serve as the Section 504 accommodation plan. If the student is determined to be eligible for special education services under IDEA, then IDEA district procedures must be followed.

Field Trips

Various school staff members may prepare and participate in field trips away from the school. Field trips require additional planning and coordination in order to ensure a safe trip for all students. **Systems must be in operation in schools to provide for adequate notification and time for collaboration to ensure student safety.**

**Before- and After-school Events and Activities**

When planning school or PTO/PTA sponsored events, accommodations should be made for students with anaphylaxis.

Emergency Preparedness

Plan for fire drills, lockdowns, or shelter in place, which may include considerations for access to medications or allergy-free foods, etc.

LINKS

<http://www.k12.wa.us/HealthServices/pubdocs/GuidelinesforCareofStudentswithAnaphylaxis2009.pdf>

<https://www.cdc.gov/healthyyouth/wsc/>

<http://www.k12.wa.us/HealthServices/pubdocs/GuidelinesforMedicationAdministrationinSchools.pdf>

<http://www.k12.wa.us/HealthServices/pubdocs/WAStateSchoolStaffHealthTrainingGuide.pdf>